Provider Billing Errors for BAYOU HEALTH Claims Submitted to Shared Savings Plans

Molina Medicaid Solutions
Community Health Solutions
United HealthCare Community Plan
Joint Training

Webinar #6

June 5, 2012

Bayou Health Implementation A Transition from Legacy Medicaid to Medicaid Managed Care

This webinar is the sixth in a series of webinars addressing billing issues identified with claims processed for Shared Health Plan members.

Reminders

- At the end of the presentation there will be a question and answer session. For this please make sure that you have dialed into the conference using your audio PIN and raise your electronic hand to ask questions.
- There is a brief survey at the conclusion of this Webinar, Please take a moment to complete it as your feedback is vital for the preparation of the next Webinar.

Bayou Health Transition

With the June 1, 2012
Rollout of GSA-C
Bayou Health is Implemented
Statewide

Transition of Waiver Recipients to Bayou Health

- Some Medicaid Home and Community-Based Waiver recipients will now be transitioned to Bayou Health as Phase II
- The tentative date for this transition is July 1, 2012
- These recipients were not included in the initial rollout
- This transition does not change the waiver services currently received by these recipients
- Actual waiver services are 'carved out' of Bayou Health at this time

CommunityCARE & KIDMED

- Effective June 1, 2012, the legacy Medicaid CommunityCARE and KIDMED Programs are no longer in existence
- Providers must contact each of the 5 Bayou Health plans to discuss procedures, reports, etc., that were once a part of these programs

Billing EPSDT Screenings

- Going forward the EP Modifier is only used with the RHC/FQHC T1015 encounter code when billing screenings
- Other providers of screening services should not use the EP modifier
- Other Modifiers used for billing screening services should continue to be used where appropriate

Carved Out Services

- Some services are considered 'carved out' of Bayou Health and should still be billed directly to Molina for payment
- Claims for these services that are submitted to a Shared Plan will receive a denial of 313 (Submit to FI not BYU)
- To correct this denial, simply rebill the claim to Molina instead of the health plan
- The following slide contains a list of 'carved out' services for the <u>shared plans</u>
- A list of complete 'carved out' services, <u>prepaid and shared</u>, can be found at the link below
 - <u>List of Carved Out Services</u>

Carved Out Services for Shared Plans

The following services continue to be billed to Molina

- Dental
- Pharmacy
- Waiver Services
- Durable Medical Equipment
- Long Term Personal Care Services
- Personal Care Services for Children under age 21
- Hospice

- Emergency and Non-Emergent Transportation Services
- Nursing Facility
- ICF-DD
- Case Management
- Adult Day Health Care
- EPSDT Health Services
- EarlySteps case management and medical services

Durable Medical Equipment

- Claims for DME must continue to be authorized and submitted directly to Molina Medicaid Solutions (Legacy Medicaid) for recipients enrolled in a Bayou Health shared plan
- DME claims for recipients enrolled in a <u>prepaid plan</u> must go directly to the pre-paid plan

Ambulatory Surgical Centers

- Some ASC claims have processed incorrectly and paid multiple procedure lines instead of being denied with the edit 214 (allowed 1 service per recipient per day)
- We are in the process of correcting logic and systematically voiding incorrectly paid claim lines
- Once it is complete an RA message will advise providers
- Claims for free-standing Ambulatory Surgical Centers are billed as a professional claim (837P or CMS-1500)
- An attending provider number should not be included on the claim form - Payment is for the facility fee

Vision/Optical Services

- Claims for the medical services by the ophthalmologist or optometrist (actual eye exam and/or other related medical services) are billed to the shared plans
- Claims for the eyewear (frames, lenses, etc.) are billed to Molina
- Some claims for eyewear have denied incorrectly.
- We are currently correcting this issue and plan to recycle claims once completed

Bayou Health Noon Conference Call

- DHH holds a Bayou Health conference call Monday through Friday at 12 Noon
- All providers are invited to attend this call whenever possible
- Representatives from DHH, all 5 health plans, and Molina are present on the call
- We encourage you to make this call a part of your business day each day since many provider questions are asked and answered during the call.

1-888-278-0296

Access Code 7299088

Contact Information

Molina Medicaid Solutions Provider Relations

800-473-2783 225-924-5040

UnitedHealthcare Community Plan of Louisiana, Inc. Provider Relations

866-675-1607

Community Health Solutions of Louisiana Provider Relations

855-247-5248

Magellan Behavioral Health

800-424-4399

Hand Test

- Due to confusion over the past few weeks, we are now going to perform a test on raising your electronic hands
 - Please raise your electronic hand located on the left hand side of the webinar toolbar
 - If you see a red arrow, your hand is raised
 - If you see a green arrow, your hand is lowered
 - Now we will lower all hands and begin to ask questions based on the hand being raised
- Please be aware that we will not have time for all questions that will need to be asked, we do apologize for this in advance

Questions

